

## PATIENT RECORD OF DISCLOSURES

IN GENERAL, THE HIPPA PRIVACY RULE GIVES INDIVIDUALS THE RIGHT TO REQUEST A RESTRICTION ON USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI). THE INDIVIDUAL IS ALSO PROVIDED THE RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS OF PHI BE MADE BY ALTERNATIVE MEANS, SUCH AS SENDING CORRESPONDENCE TO THE INDIVIDUAL'S OFFICE INSTEAD OF THE INDIVIDUAL'S HOME.

**I WISH TO BE CONTACTED IN THE FOLLOWING MANNER (CHECK ALL THAT APPLY):**

HOME TELEPHONE      THE NUMBER IS \_\_\_\_\_.

LEAVE MESSAGE WITH DETAILED INFORMATION

**OR**

LEAVE MESSAGE WITH CALLBACK NUMBER ONLY.

CELL TELEPHONE      THE NUMBER IS \_\_\_\_\_.

LEAVE MESSAGE WITH DETAILED INFORMATION

**OR**

LEAVE MESSAGE WITH CALLBACK NUMBER ONLY.

WORK TELEPHONE      THE NUMBER IS \_\_\_\_\_.

LEAVE MESSAGE WITH DETAILED INFORMATION

**OR**

LEAVE MESSAGE WITH CALLBACK NUMBER ONLY.

LEAVE MESSAGE WITH SPOUSE / RELATIVE IN HOME.

LEAVE MESSAGE WITH CHILD / SIBLING OR CAREGIVER.

LEAVE MESSAGE WITH \_\_\_\_\_.

MAIL TO MY HOME ADDRESS, WHICH IS \_\_\_\_\_.

MAIL TO MY WORK/OFFICE ADDRESS, WHICH IS \_\_\_\_\_.

SEND TO THIS FAX NUMBER \_\_\_\_\_.

OTHER \_\_\_\_\_.

SIGNATURE: \_\_\_\_\_      DATE OF BIRTH \_\_\_\_\_

DATE: \_\_\_\_\_

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**RECORD OF DISCLOSURES OF PROTECTED HEALTH INFORMATION  
(FOR OFFICE USE ONLY)**

DATE	DISCLOSED TO WHOM	REASON FOR DISCLOSURE	BY WHOM